

Sample Child Advocacy Center Client Survey

Introduction: Please help us improve our services by sharing your experience with us.

Directions: Please indicate your level of agreement with the following statements:

- | | <i>Strongly Agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly Disagree</i> | <i>Neutral</i> |
|--|-------------------------|-------------------------|-------------------------|--------------------------|-------------------------|
| 1. My child's abuse-related symptoms (e.g., behavioral and emotional symptoms such as sleeplessness, nervousness, fear or anxiety, etc.) are less frequent or less severe since we became involved with this agency. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 2. My family members feel safer because of our involvement with this agency. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 3. The plans we made for our situation give us a greater sense of control over the situation. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 4. My family is using skills we learned at this agency to cope with our situation. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 5. The support my family received at this agency helped us to cope with our situation. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 6. My family has been able to identify a support system to help us address our concerns. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 7. This agency helped me learn how to access benefits or community resources. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 8. My family is satisfied with the services we received through this program. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

Thank you for your assistance in completing our survey!